



ENTRON SECURITY SERVICES

## Daily Security Report

Client No. <b>2036</b>	Client Name <b>BOSS ET - OH MATERIALS</b>	Location <b>1004 OSWEGO ST. UTICA</b>	Date <b>7/18/87</b>				
Facility Equipment	Detax Clock	Weapon No.	Holster	Nightstick	Raiscoat	Flashlight	Other <b>Two Gate Keys - Log Book - Radio</b>
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>Kenneth Feltz</b>		Officer—Swing Shift (Name) <b>George Jones</b>		Officer—Grave Shift (Name) <b>George Rott</b>	
Shift		Shift		Shift		Shift	
Began <b>8:00 AM</b>		Ended <b>4:00 PM</b>		Began <b>4:00 PM</b>		Ended <b>12:00 AM</b>	
Observations or actions taken		Yes No Explanation		Yes No Explanation		Yes No Explanation	
Rounds or stations missed							
Unlocked doors, gates or windows							
Unlocked vaults or safes							
Fire-smoke-or hazards							
1. Extinguishers missing or defective							
2. Sprinkler system defective							
3. Fire doors or exits blocked							
4. Rubbish accumulation							
5. Motors running							
6. Lights left burning							
Injury hazards							
Visitors <b>OHM. &amp; EPA people on site.</b>							
Trespassing							
Violation of company rules							
Remarks <b>(1145-Baker-Tell me the time in (1148-Tell me the time out (12137-John White-Tell me the time in (245-Tell me the time out.)</b>							
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.							
1. Were you injured during this tour?		Day Shift 1. Yes No 2. Yes No 3. Yes No		Swing Shift 1. Yes No 2. Yes No 3. Yes No		Grave Shift 1. Yes No 2. Yes No 3. Yes No	
2. Did you suffer any illness?		Yes No		Yes No		Yes No	
3. Have you reported all accidents coming to your attention?		Yes No		Yes No		Yes No	
Signatures		1. <b>Kenneth Feltz</b>		2. <b>John D. Progn</b>		3. <b>George Rott</b>	
2:05A		2.		3.		3.	
Signatures		3.		3.		3.	

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